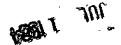
DEP	ART	MEN.	r 01	F PU	84 <b>9</b>	WEATH AND WELFARE 179	74 U CO / 4 STATE FILE NU	JMBER
DO NOT WRITE		AME	NDE	)	<u> </u>	Istration District No. 3667 Registrar's No.		
V\$ 300 Rev. 4/59	C C C C C C C C C C C C C C C C C C C	INDED			— , —	a. COUNTY Lincoln  b. CITY (If outside corporate limits, give TOWNSHIP only) OR  CR  CR  CR  CR  CR  CR  CR  CR  CR	CE (Where deceased lived. If institution: b. CQUNITY L'Incoln	admission) Inside Limits
		\$			l	Town Bedford l year town Tru		Yes No 🗆
20570	l lu	<u>.</u>				c. FULL NAME OF (If NOT in hospital, give location)  HOSPITAL OR Thallman Rest H me  Ves No No No	(If outside, give location)	Reside on Farm
3 3	ł †	1	$\Box$	7		3. NAME OF DECEASED First Middle Last (Type or print)	4. DATE Month Day OF	Year
					1	Charles Hutt Wombles	DEATH Nume 418 19	
5 /						i. SEX 6. COLOR OR RACE 7. Married   X Never Married   8. DATE OF BIRTH Widowed   Divorced   11/18/18	9. AGE (last birthday) IF UNDER 1 YEAR Months Days	Hours Min.
	, l					Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (C	,	WHAT COUNTRY
<del></del>	ا گ				T	during most of working life, even if retired)  Bacher and Banker  School and Banks  Davis  136. MOTHER'S NAME	14. NAME OF HUSBAND OR WIFE	
<sup>7</sup> 0	FOLLOW				13		Mamie Wombles	
8	S F				15	Henry Wombles Katherine Trail  5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	
0221	۲				(Y	(If yes, give war or dates of serv 3 Wife	Truxton, Mo.	
<u></u>	AR			늘		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	2 000 'A !!	ITERVAL BETWEEN
10	یا چ			WE		IMMEDIATE CAUSE (a) Orebral Casca	clay bette keep	Charce
11		֡֡֡֝֡֡֓֞֜֜֡֓֓֡֓֜֜֡֡֡֓֜֡֡֡֡֓֜֡֡֡֡֡֡֡֡֡֡֡֡		DOCUMEN		0		
12 <b>86-0</b>	THIS REC			_ ă 		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (b)  DUE TO (c)		
	S				N O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to disease condition given in PART I (a)	the terminal PART III. If deceased there a pregna	was female was ancy in last 90 days.
	2				CAT	discuss container grown in the container container and container c	☐ Yes ☐	No Unknown
	AMENDMENTS				CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. PERFORMED?	. (Enter nature of injury in PART I or PART II	of item 18.)
y Ö	AMEN				MEDICAL	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.		<del> </del>
BLACK INK OR RITER RIBBON					2	20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	LOCATION COUNTY	STATE
A S E	C	{				21. I attended the deceased from 1963, to leve & 4 and	last saw to alive on the	66
4 5							and to the best of my knowledge, from the c	auses stated.
USE BLACK OR TYPEWRITER	7	2000		T OF		226. SIGNATURE (Degree or tiple) Les 22b. ADDRESS	y me	22c. DATE SIGNED
<b>,</b>	-	+-	$\vdash \vdash$	- 2	23	Ba. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 2	3d. LOCATION (City, town, or county)	(State)
		<u>`</u>		뜐		bur in   6/1/6/1   traditional and the	/ Lincoln, co., MO.	
	754			BY AI	K e	a funeral director Address Troy, Mo. 6-17-1964	G. 26. REGISTRAR'S SIGNATURE LICENSTRAR'S SIGNATURE  Charlotte  L	eck
		•	•	•		(Licensed Embalmer's Statement on Reverse Side)	J	

0000748

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH



## STATEMENT BY LICENSED EMBALMER

	I here	by ce	ertify th	nat the	bod	ly whose	na	me is	s recorded	on the reve	erse si	side of this certificate was embalmed by me,
or by_					<del></del>						<del></del> .	, Student Embalmer No
working	g unde	r my	person	al supe	rvisi	on.					1	1111111
Student			Signator	e of Stud	lent E	mbalmer			_ Si	gned_	ou	ight March, for
										/	,	Licensed Embalmer No. 5 105
												P. O. Address Troy
	Nofe:	The	above	MUST	BE	SIGNED	BY	THE	LICENSED	EMBALMER	in h	his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.